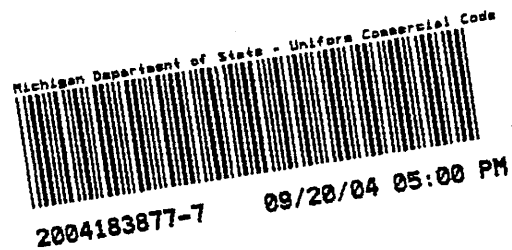


**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] <b>Patty DeGood 616-877-3717</b>	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>Eclipse Tool &amp; Die inc. 4713 Circuit CT Wayland, MI 49348</b>	
UCC Account # <b>E183UC</b>	



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names**

1a. ORGANIZATION'S NAME <b>CRRESIVE DIE AND TOOL, INC.</b>				
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS <b>905 WOODLAND DR. E.</b>		CITY <b>SALINE</b>	STATE <b>MI</b>	POSTAL CODE <b>48176</b>
1d. <u>SEE INSTRUCTIONS</u>		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION <b>INCORPORATION</b>	1f. JURISDICTION OF ORGANIZATION <b>MICHIGAN</b>
1g. ORGANIZATIONAL ID #, if any <b>108465</b>				<input type="checkbox"/> NONE

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names**

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2d. <u>SEE INSTRUCTIONS</u>		ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION
2g. ORGANIZATIONAL ID #, if any				<input type="checkbox"/> NONE

**3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)**

3a. ORGANIZATION'S NAME <b>Eclipse Tool &amp; Die inc.</b>				
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS <b>4713 Circuit CT</b>		CITY <b>Wayland</b>	STATE <b>MI</b>	POSTAL CODE <b>49348</b>
COUNTRY <b>U.S.A.</b>				

**4. This FINANCING STATEMENT covers the following collateral:**

**Progressive Die Complete for P/N 22209497, Eclipse Tool & Die inc. Job No. 6167; all attachments, accessions, fittings, increases, tools, parts, repairs, supplies, engineering changes, and commingled goods relating to the foregoing property, and all additions, replacements of and substitutions for all or any of the foregoing property.**

5. ALTERNATIVE DESIGNATION (if applicable):		LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)		All Debtors		Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA							

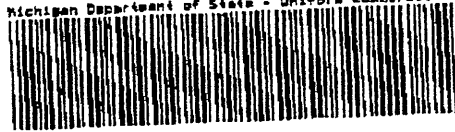
PO#

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Patty DeGood 616-877-3717</b>
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>Eclipse Tool &amp; Die inc. 4713 Circuit CT Wayland, MI 49348</b>
 <b>UCC Account # E183UC</b>

Michigan Department of State - Uniform Commercial Code



2005114007-3 06/24/05 05:00 PM

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # <b>2004183877-7</b>	1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the <input type="checkbox"/> REAL ESTATE RECORDS
2. <input type="checkbox"/> TERMINATION. Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.	
3. <input type="checkbox"/> CONTINUATION. Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.	
4. <input type="checkbox"/> ASSIGNMENT (full or partial). Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 8.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input checked="" type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. <input checked="" type="checkbox"/> CHANGE name and/or address. Please refer to the detailed instructions regarding changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c, as appropriate (items 7c-7g if applicable).	
6. CURRENT RECORD INFORMATION:	
6a. ORGANIZATION'S NAME <b>CRESCIVE DIE AND TOOL, INC.</b>	
OR	6b. INDIVIDUAL'S LAST NAME
7. CHANGED (NEW) OR ADDED INFORMATION:	
7a. ORGANIZATION'S NAME <b>CRESCIVE DIE AND TOOL, INC.</b>	
OR	7b. INDIVIDUAL'S LAST NAME
7c. MAILING ADDRESS <b>905 WOODLAND DR. E.</b>	
CITY <b>SALINE</b>	
STATE <b>MI</b>	
POSTAL CODE <b>48176</b>	
COUNTRY	
7d. SEE INSTRUCTIONS	7e. TYPE OF ORGANIZATION <b>INCORPORATION</b>
ADD'L INFO RE ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION <b>MICHIGAN</b>
7g. ORGANIZATIONAL ID #, if any <b>108465</b> <input type="checkbox"/> NONE	
8. AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned	

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment			
9a. ORGANIZATION'S NAME <b>Eclipse Tool &amp; Die inc.</b>			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
		SUFFIX	

10. OPTIONAL FILER REFERENCE DATA

PO# 4936